

# EXHIBIT A

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08:55:19 a.m. 08-28-2015

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## South Carolina

Blue Cross Blue Shield of North Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association

## **EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**

If you have a question about your  
claim, please call Customer Service at  
**800-868-2520**  
or locally at **803-736-1576**  
**Monday - Friday 8:00 a.m. - 6:00 p.m.**

SANDRA D GRIFFITH  
P O BOX 45  
NEESES SC 29107

0001 of 0002

## STATE HEALTH PLAN

## **SUMMARY INFORMATION**

January 27, 2014

Patient's Name <b>JOEL GRIFFITH</b>		Relationship to Policyholder <b>SPOUSE</b>	ID No. [REDACTED]	Claim No. <b>19007K810-00-00</b>
<b>TOTAL CHARGE FOR YOUR CLAIM:</b> <b>30,424.86</b>		<b>TOTAL AMOUNT WE PAID:</b> <b>20,690.00</b>	<b>WHAT YOU OWE PROVIDER:</b> <b>9,734.86</b>	<b>Sent to Provider</b> The provider can bill you for this amount if you have not yet paid.
<p>To date, you have satisfied <b>350.00</b> of the <b>350.00</b> deductible for the benefit period that began <b>01/01/2013</b>. This claim contributed <b>0.00</b> toward your out-of-pocket maximum. You have satisfied <b>2,000.00</b> of the <b>2,000.00</b> out-of-pocket maximum for this benefit period. We paid a total of <b>144,824.49</b> for this person this benefit period.</p>				

## DETAIL INFORMATION

Provider	LIFENET OF SC	LIFENET OF SC	
Network Participation	NO	NO	
Dates of Service	12/24/13	12/24/13	
Type of Service	AMBULANCE	AMBULANCE	
Charge	20,044.56	10,380.30	
Amount Not Covered	5,094.56 1*	4,640.30 1*	
Covered Expenses	14,950.00	5,740.00	
Deductible	0.00	0.00	
Copay/Spec Deductible	0.00	0.00	
Allowed Amount	14,950.00	5,740.00	
Coinsurance	0.00	0.00	
Amount Paid	14,950.00	5,740.00	

\* Please refer to the remarks section.

**Suspect claims fraud? Please help by calling our hotline at 800-763-0703.**

**THANK YOU FOR ALLOWING US TO SERVE YOU!**

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)